

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) "Sample Format"	2. TO (Include ZIP Code) CDR, AMEDDC&S (POCs Name) AMEDD Personnel Proponent Directorate ATTN: MCCS-DE, 2427 Hood Street (A) Fort Sam Houston, TX 78234-7584	3. FROM (Include ZIP Code) Soldier's Unit
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Waiver Request for MOS (68 ____)

9. SIGNATURE OF SOLDIER (When required)  
Soldier Must Sign

10. DATE (YYYYMMDD)

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Instructions: Select the waiver/scenario that best applies to the Soldier's specific needs or clearly identify what the Soldier is requesting. Fax the completed and signed DA Form 4187 to APPD at 210-221-9927 or DSN 471-9927.

1. Soldier request a/an \_\_\_\_ (a) \_\_\_\_ Waiver for MOS 68 \_\_\_\_ (b) \_\_\_\_ .

(a) Insert the requested waiver; Grade Waiver, ASVAB Line Score Waiver, Academic Prerequisite Waiver, or ACASP Proficiency Evaluation (USAR/ARNG).

(b) Insert A, D, E, G, H, J, K, M, P, Q, R, S, T, V, W, or X.

2. Enclosures;

-ERB (AC or ARG), 2-1 or Reserve ERB (USAR or ARNG)  
-High School/College Transcripts/Certificate of Specialized Training/Accredited Certifications  
-Medical Profile (as required for MMRB reclassifications or physical demand exemptions)  
-Letters of Recommendation (optional for AC) or Letter of Vacancy (TPU or ARNG)

3. Soldier will reenlist or extend to meet the Service Remaining Requirement (SRR) prior to reporting for training.

4. Soldier will not gain a promotable status prior to reporting for training.

5. Insert AKO email address with telephone and fax numbers, DSN if applicable.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

Commander Must Sign